



CHANGE OF CIRCUMSTANCES

Read all sections carefully. **Check all boxes that apply to your household.** Sign, date, and return this form to your local office. If you have any questions, contact your worker. If you want to return this form by mail, postage paid envelopes are available at your local office.

YOUR NAME	SOCIAL SECURITY NUMBER
YOUR CASE NUMBER (CLIENT ID NUMBER)	DATE
FOR OFFICE USE ONLY CHANGE REPORTED BY TELEPHONE ON (LIST DATE):	
WORKER'S NAME	

YOUR RESPONSIBILITIES: If your household gets cash or food assistance, you must report changes within 10 days. If your household gets medical assistance, you must report changes within 20 days.

1. ☐ My address changed.

☐ I moved. Date of move: _____ ☐ My mailing address changed. ☐ I am homeless.

My new living address is:	My new mailing address (if different) is:
APARTMENT NUMBER (IF ANY)	APARTMENT NUMBER (IF ANY)
CITY STATE ZIP CODE	CITY STATE ZIP CODE

2. ☐ My shelter costs changed.

For food assistance, report **increases only** in shelter costs. If you have a **decrease** in rent (including going on subsidized housing), **report this at your next eligibility review.** Check all that apply:

<input type="checkbox"/> I am renting.	<input type="checkbox"/> I am buying.	<input type="checkbox"/> I am on subsidized housing.	
MONTHLY RENT AMOUNT \$	YOUR SHARE, IF DIFFERENT \$	MONTHLY MORTGAGE AMOUNT \$	MONTHLY PAYMENT AMOUNT (LIST YOUR SHARE ONLY) \$
I pay separately for (check all that apply):			
<input type="checkbox"/> Heating/cooling costs I pay: \$ _____ per month	<input type="checkbox"/> Telephone I pay: \$ _____ per month	<input type="checkbox"/> Home insurance I pay: \$ _____ per <input type="checkbox"/> month <input type="checkbox"/> year	<input type="checkbox"/> Property taxes I pay: \$ _____ per <input type="checkbox"/> month <input type="checkbox"/> year

3. ☐ Someone moved in or out of my home. Check all that apply and indicate the date of move:

☐ Someone moved **INTO** my home. Date: _____
List all who moved in (including newborns):

NAME(S)	RELATIONSHIP TO ME

I purchase and prepare meals with my roommates
(check box that applies): ☐ Yes ☐ No

I want to include someone in my:

☐ Cash ☐ Food assistance ☐ Medical assistance
☐ Child care

If so, who? List names.

☐ Someone moved **OUT OF** my home. Date: _____
List those who moved out:

NAME(S)	RELATIONSHIP TO ME

I expect the person(s) will move back in with me
(check box that applies): ☐ Yes ☐ No

If so, who? List names:

When do you expect the person(s) to move back in?

4. ☐ **My household's income has changed. Examples of income include earnings or wages from a job or self-employment, unemployment benefits, Social Security, SSI, Labor and Industries (L&I), child support, veterans benefits (VA), gifts, or loans. Check all that apply:**

☐ **Income or Job STARTED.** Date income started: _____ Who's income started? _____
Gross amount (dollar amount before taxes): \$ _____ per ☐ hour ☐ month
Income type: _____ Name of employer (if any): _____
☐ Full-time ☐ Part-time Date(s) person gets income (i.e., 1st and 15th of each month or every Friday): _____

☐ **Income or Job STOPPED.** Date income stopped: _____ Who's income stopped: _____
Reason why income stopped: _____

☐ **Income INCREASED.** Date income increased: _____ Who's income increased? _____
Gross amount (dollar amount before taxes): \$ _____ per ☐ hour ☐ month
Income type: _____ Name of employer (if any): _____
If working, is this a change from **part-time** to **full-time**? ☐ Yes ☐ No

☐ **Income DECREASED.** Date income decreased: _____ Who's income decreased? _____
Gross amount (dollar amount before taxes): \$ _____ per ☐ hour ☐ month
Income type: _____ Name of employer (if any): _____
If working, is this a change from **full-time** to **part-time**? ☐ Yes ☐ No

5. ☐ **My household's resources changed. I or someone in my household got (check all that apply):**

☐ A bank account (check all that apply): ☐ Checking ☐ Savings ☐ CD's ☐ Money Market
Amount in account: \$ _____ Date account opened: _____
☐ A vehicle: Year: _____ Make: _____ Model: _____ Date received: _____
☐ An income tax refund. \$ _____ How much was Earned Income Tax Credit (EITC)? \$ _____ Date received: _____
☐ A lump sum payment (includes retroactive benefits, settlements, or an inheritance). \$ _____ Date received: _____
☐ Other resources (list): _____

6. ☐ **My household has other changes. Check all that apply:**

☐ I need child care assistance.
☐ My child care (babysitting) costs changed from: \$ _____/month to \$ _____/month.
☐ Pregnancy started for: _____; Expected due date: _____
☐ Pregnancy ended for: _____; Date pregnancy ended: _____
☐ Child support payments changed from: \$ _____/month to \$ _____/month.
Who pays child support: _____
☐ Medical expenses increased from: \$ _____/month to \$ _____/month.
Who pays the expense: _____
☐ Marital status changed for: _____ ☐ Married ☐ Divorced ☐ Separated ☐ Widowed

OTHER CHANGES (DESCRIBE)

7. ☐ **I want to terminate my:** ☐ Cash assistance ☐ Food assistance ☐ Medical assistance ☐ Child care

DECLARATION AND SIGNATURE

I state under penalties of perjury that the information I give is true and complete to the best of my knowledge. I understand that if I give false, misleading, or incomplete information, I may be penalized under law (RCW 74.08.055 and RCW 74.08.331). I understand that the information I give is subject to verification and agree to provide the verification. If I can't provide the needed proof, I authorize DSHS to contact other persons or agencies to get the proof on my behalf. My signature on this form means I have reported all changes that occurred.

SIGNATURE	DATE	TELEPHONE NUMBER
SIGNATURE OTHER ADULT HOUSEHOLD MEMBER OR REPRESENTATIVE	DATE	TELEPHONE NUMBER